

**City of Fort Lauderdale  
Human Resources Division**

100 N Andrews Ave. • Fort Lauderdale, Florida 33301  
Voice Phone (954) 828-5300 TTD Phone (954) 828-5986

## EMPLOYMENT APPLICATION

**OFFICE USE ONLY**

**APPROVED** ☐

**DISAPPROVED** ☐

**REASONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PX** \_\_\_\_\_

**BY:** \_\_\_\_\_

**INSTRUCTIONS:** *Please print or type all information.* The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Incomplete applications will not be considered. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. Eligibility for hire may be based on a rating of this application; therefore, completeness and accuracy is of the utmost importance.

Position Applied For: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Message Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

***Please Check Appropriate Response***

1. Have you ever worked for the City of Fort Lauderdale? ☐ Yes ☐ No

If yes, please give date(s) of employment. \_\_\_\_\_

2. Are you a U.S. citizen? ☐ Yes ☐ No

If no, are you authorized by Immigration and Naturalization to work in the U.S.? ☐ Yes ☐ No

Alien #A: \_\_\_\_\_

Admission #: \_\_\_\_\_

3. Will you work night shift? ☐ Yes ☐ No  
Will you work weekends? ☐ Yes ☐ No

4. Have you ever been fired, forced to resign, or resigned in lieu of termination? ☐ Yes ☐ No  
If yes, please explain below:

Employer's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_

5. Are you related to a City employee or is any member of your family employed by the City of Fort Lauderdale?  
☐ Yes ☐ No If yes, please give the person's

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Department: \_\_\_\_\_

6. Have you ever been found guilty of, had adjudication withheld, or pled no contest to any violation of law?  
☐ Yes ☐ No

If yes, please give details below:

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Offense/Charge: \_\_\_\_\_

☐ Felony ☐ Misdemeanor

Outcome: \_\_\_\_\_

Note: A conviction does not automatically mean you cannot be employed by the City of Fort Lauderdale. The nature of the offense, how long ago it occurred, etc., are given consideration.

*Attach additional sheets as needed.*

7. Were you in the U. S. Armed Forces?: ☐ Yes ☐ No  
Did you receive an honorable discharge? ☐ Yes ☐ No  
Do you claim veteran's preference? ☐ Yes ☐ No

If yes, City of Fort Lauderdale Human Resources Division Form J-204 and the member 4 copy of your DD214 must accompany this application. **Form J-204 is available upon request.**

## 8. DRIVER'S LICENSE INFORMATION

Do you have a valid Driver's License? \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_  
 State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 CDL Class: \_\_\_\_\_  
 Endorsements: \_\_\_\_\_

Has your license ever been suspended? ☐ Yes ☐ No  
 Has your license ever been revoked? ☐ Yes ☐ No  
 If yes, please provide dates and explain: \_\_\_\_\_  
 \_\_\_\_\_

## 9. PLEASE LIST ALL TRAFFIC CITATIONS RECEIVED WITHIN THE LAST SEVEN (7) YEARS (driving under the influence, driving while intoxicated, etc., should be listed under number 6 on page 1).

Date: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Offense/Charge: \_\_\_\_\_  
 Points: \_\_\_\_\_  
 Outcome: \_\_\_\_\_

Date: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Offense/Charge: \_\_\_\_\_  
 Points: \_\_\_\_\_  
 Outcome: \_\_\_\_\_

Date: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Offense/Charge: \_\_\_\_\_  
 Points: \_\_\_\_\_  
 Outcome: \_\_\_\_\_

Date: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Offense/Charge: \_\_\_\_\_  
 Points: \_\_\_\_\_  
 Outcome: \_\_\_\_\_

*If you have more than four citations within the last seven years, please attach a separate sheet in the same format.*

## 10. EDUCATION AND SPECIAL TRAINING

Do you have a High School Diploma? ☐ Yes ☐ No GED? ☐ Yes ☐ No Date Obtained: \_\_\_\_\_

If not, highest grade completed: \_\_\_\_\_

Name and location of last High School attended: \_\_\_\_\_  
 Name City State

List Special Training (Business, Trade, Vocational, Armed Forces Schools, etc.) Below:

Name and Location	Total Hours Completed	Hours required for certification	Course/Subject Taken	Certificates Received

List Colleges and Universities Attended Below:

Name and Location	Credit Hours Received		Did you graduate?		Major/Minor Degree Field of Program of Study	Type of Degree Received
	Sem.	Qtr.	Yes	No		

INSTRUCTIONS: Beginning with your present or most recent job, describe your paid work experience for the past ten (10) years and list a minimum of three (3) employers. List each promotion or transfer as a separate job even if they were with the same employer. Include Military, part time, and self-employment. List all gaps in work history in spaces provided. If you have more than four (4) separate periods of employment, sign and attach sheets in the same format as below. Resumes will not be accepted as official applications.

(Job 1) Present or most Recent Employer						Employer: _____	
From		To		Total Time		Address: _____	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____	
						Your Job Title: _____	
Hours per Week _____						Supervisor's Name and Title: _____	
Starting Salary \$ _____ per _____						Reason For Leaving Position: _____	
Last Salary \$ _____ per _____						May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Specific Duties: _____							
_____							
Number of Employees supervised (if applicable): _____							

**BETWEEN THESE JOBS (if applicable):** ☐ UNEMPLOYED ☐ IN SCHOOL FROM (mo/yr): \_\_\_\_\_ TO (mo/yr): \_\_\_\_\_

(Job 2) Present or most Recent Employer						Employer: _____	
From		To		Total Time		Address: _____	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____	
						Your Job Title: _____	
Hours per Week _____						Supervisor's Name and Title: _____	
Starting Salary \$ _____ per _____						Reason For Leaving Position: _____	
Last Salary \$ _____ per _____							
Specific Duties: _____							
_____							
Number of Employees supervised (if applicable): _____							

**BETWEEN THESE JOBS (if applicable):** ☐ UNEMPLOYED ☐ IN SCHOOL FROM (mo/yr): \_\_\_\_\_ TO (mo/yr): \_\_\_\_\_

(Job 3) Present or most Recent Employer						Employer: _____	
From		To		Total Time		Address: _____	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____	
						Your Job Title: _____	
Hours per Week _____						Supervisor's Name and Title: _____	
Starting Salary \$ _____ per _____						Reason For Leaving Position: _____	
Last Salary \$ _____ per _____							
Specific Duties: _____							
_____							
Number of Employees supervised (if applicable): _____							

**BETWEEN THESE JOBS (if applicable):** ☐ UNEMPLOYED ☐ IN SCHOOL FROM (mo/yr): \_\_\_\_\_ TO (mo/yr): \_\_\_\_\_

(Job 4) Present or most Recent Employer						Employer: _____	
From		To		Total Time		Address: _____	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____	
						Your Job Title: _____	
Hours per Week _____						Supervisor's Name and Title: _____	
Starting Salary \$ _____ per _____						Reason For Leaving Position: _____	
Last Salary \$ _____ per _____							
Specific Duties: _____							
_____							
Number of Employees supervised (if applicable): _____							

NOTE: We may contact previous employers to verify employment information.

**Did You:**

- ☐ Include your social security number?
- ☐ Answer all questions completely?
- ☐ Cover a full 10 year employment history?
- ☐ Explain all gaps in employment?
- ☐ Complete application supplement, if applicable?
- ☐ Submit copies of documents requested, if applicable?
- ☐ Sign and date the application?

**Please read this statement carefully before signing below:**

The City of Fort Lauderdale is an Equal Opportunity Employer.

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the City of Fort Lauderdale is true and correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time.

Copies of Education Documents, Birth Certificate, Photo Identification, and Social Security Card must be submitted prior to employment. All information is subject to investigation and verification.

Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide a sample of urine which may be tested for use of drugs and/or controlled substances.

**My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact may result in disqualification or dismissal.**

SIGN YOUR NAME HERE

DATE

**NOTES:**

- Applicants must provide copies of documents required with application. Please include your social security number on all documents submitted.
- Applicants requesting reasonable accommodation during the job application process may contact the Human Resources Division at the address and phone number listed above. Such materials can be provided in alternative forms for the blind and visually impaired, upon request.

**NOTICE TO APPLICANT OF INTENT**  
**TO OBTAIN A CONSUMER REPORT**

Dear Applicant,

In connection with your application for employment, we would like to procure certain background information concerning you which is contained in a consumer report. A consumer report may contain information regarding your driving record and/or criminal background.

Before we procure a consumer report, you must authorize such procurement in writing. You have the right to decline authorization for us to procure a consumer report. However, we will not consider you further for employment if you so decline. On the bottom of this form, you will find a release which will allow us to obtain a consumer report. Please read the release carefully before signing it and indicating your choice regarding disclosure.

**RELEASE TO PROCURE A CONSUMER REPORT**

I have read the "Notice to Applicant of Intent to Obtain Consumer Report."

I understand that I have the right to decline authorization for the City of Fort Lauderdale to procure a consumer report concerning me.

Understanding these rights,

\_\_\_\_\_ I authorize the City of Fort Lauderdale to procure a consumer report concerning me.

\_\_\_\_\_ I do not authorize the City of Fort Lauderdale to procure a consumer report concerning me.

NAME (Print Please)

\_\_\_\_\_

SOCIAL SECURITY NUMBER

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE

\_\_\_\_\_

**EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION SURVEY**

**TO ALL APPLICANTS:** The following information is being gathered by the City of Fort Lauderdale for research, affirmative action, and federal EEO reporting requirements. If you choose not to answer any of the items, you will not be subject to adverse treatment; however, we urge you to do so and assure you that this information will not be used to evaluate your application, and will be kept confidential.

JOB/POSITION APPLIED FOR: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH (Month/Day/Year): \_\_\_\_\_

**SEX**

- ☐ Male
- ☐ Female

**Race/Ethnic Categories (Check One)**

- ☐ Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- ☐ Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Phillipine Islands, and Samoa.
- ☐ Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- ☐ American Indian or Alaskan native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ☐ White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ Other: Includes all persons not covered by a specific category. If this category is checked, indicate specific ethnicity or natural origin:  
\_\_\_\_\_

**HOW DID YOU LEARN OF THIS POSITION**

- ☐ Ad in newspaper \_\_\_\_\_
- ☐ Ad in trade journal \_\_\_\_\_
- ☐ Ad on radio \_\_\_\_\_
- ☐ Complete interest form and received notification
- ☐ Job Line
- ☐ City bulletin board/walk-in
- ☐ Friend/City Employee
- ☐ Internet \_\_\_\_\_
- ☐ Job Fair \_\_\_\_\_
- ☐ Agency Referral \_\_\_\_\_